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ABSTRACT

One of the most promising contemporary approaches to working therapeutically with children and their parents and families is to employ the parents and/or other family members as play-agents, or play therapists. The incorporation of parents and other family or family-surrogate figures into the play therapeutic treatment of children has therapeutic benefits for all parties to the transaction, because problem children are symptomatic of parental and family-wide problems in interpersonal functioning. Approaches to training parents include: behavior modification and change, filial therapy, and family therapy. Training parents to play therapeutically with their children can benefit the entire family system. (Author/KMF)

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A NOVEL FAMILY INTERVENTION: TRAINING PARENTS AS PLAY THERAPISTS

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A Novel Family Intervention: Training Parents as Play Therapists*

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Introduction

One of the most promising of the contemporary approaches to working therapeutically with children and their families is to employ the parents and/or other family members as play therapists. These approaches are based on the realization that the incorporation of parents and other family members into the play therapeutic treatment of children benefits the entire family- and that problem children are (as family therapists insist) symptomatic of parental and family wide problems in interpersonal functioning. The general hypothesis of the therapeutic endeavors is that the child best prospers personally and behaviorally when the larger family system is psychologically healthy, and that child treatment in the absense of parental treatment is not nearly as effective as treatment of significant caretaker dyadic family-wide relationships.

Historical Overview

Let us briefly trace the nature of child play therapeutic treatment in this country. Historically, the field of play therapy commenced with the psychoanalytic work of Anna Freud (1947) and Melanie Klein (1961). Initially, the notion was to employ play as a means of developing rapport and assessing the child's psychodynamic status. It soon became apparent, however, to child therapists from various therapeutic orientations that play in itself was therapeutic, possessing cathartic and re-learning properties. (Axline, 1947, 1964; Erickson, 1964; Ginott, 1961; Moustaskas, 1959,1973; Schiffer, 1969).

Therapists initially differed on the role and importance of parents in their childrens' treatment. Some therapists, for example, insisted that the child would not be seen unless one of the parents, usually the mother, was also in treatment-

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albeit, separate treatment. For as Newell (1952) declared, "We get our best results when someone interviews a parent every time the therapist sees the child."

On the other hand, others, such as Axline (1947), who operated with a strong client-centered persuasion, claimed that children could be successfully treated with non-directive play therapy, even if the parents refused to cooperate with the therapist themselves. Axline's treatment of "Dibs" (1964) is of course, a classic example of the reputed possible success of her approach while lacking parental co-operation or involvement in treatment. The overwhelming popularity of this text has no doubt contributed to the generally wide spread optimism of the seventies about possible play therapy miracles by just employing this medium in a non-directive, Axlinian fashion, regardless of what was happening on the home front. Considering parental resistance to treatment, it did seem to supply the desired panacea to coercion for parental cooperation.

Most therapists however, take a middle position (Ginnott, 1961; Slavson, 1952) in which parental treatment is seen as desireable rather than essential. Even Axline (1947 p. 68) acknowledged that, "It seems reasonable to conclude that, whenever possible, parents of maladjusted children should be offered some service that will enable them to reorient their attitudes to the needs of their children."

Moustaskas (1959) while practicing traditional 'separate but equal' counseling of the parents of a child in therapy, was one of the first to simultaneously recommend "application of play therapy in the family". His 1959 text interestingly enough carries the fairly conventional chapter (7) on "Counseling with Parents" followed by a less conventional chapter (8) titled "The Therapeutic Approach of Parents" which advocated a regular play place where the parent and child would play in the spirit of his existentially-oriented Relationship Therapy in which the parent was instructed to accept a child's play and to reflect feelings "exactly as they are expressed" (p. 277). Moustaskas pioneering instructions to parents on how to nurture and play therapeutically with their children was a precusor to the proliferation of counseling and guidance

formats for working with parent groups.

Approaches to Training Parents

Parent Counseling: Behavioral-Type Approaches

This trend toward the inclusion of parents in the play therapy of their children as a way of influencing the parents to modify their own parenting behaviors along more helpful lines was also heavily influenced by helping professionals of a behavioral orientation. In these approaches, at times subsumed under the caption of parent counseling, the focus is on helping parents to learn skills necessary to changing their child's behavior. Typically (Graziano, 1977) this is done in the purest behavioral sense through the use of positive and negative reinforcers. Many parent counseling formats, however, stress understanding of child development, the direct training of facilitative parent-child communication, as well as the use of a reward reinforcement system to shape optimal child behavior (Grilli & Nickerson et al., 1975). Parent counseling training formats and programs have in turn, moved from the playroom setting (Davidson, 1971; Wimberger and Kogan, 1974) to the home, school or other institutional settings (e.g. churches, hospitials) (Gordon, 1970, 1976; Grilli & Nickerson et al., 1975) or some combination (Guerney, 1964, 1969). Many of these programs, much like early child clinic work, focused primarily on the mother, (Davidson, 1974; Reiter, G.F. & Kilmann, P.R., Wimberger & Kogan, 1974) and increasingly attention has been focused on both parents (Gordon, 1970, 1976; Grilli & Nickerson et al. 1975; Guerney, 1964; Jernberg, 1979) or primarily on the father (Stollak, 1979).

Filial Therapy

One of the most prominent of these "parental approaches" to child therapy developed by the Guerneys and their colleagues (1964, 1969, 1979) and the first approach which systematically trained parents to serve as change agents for their children, is termed filial therapy. It involves the clinic training of groups of parents, especially mothers, to be client-centered play therapists for their children. After the initial training period, the play sessions were moved from the clinic to the home

with additional weekly parental group meetings with the play therapists to discuss and evaluate their experiences in this process.

The assumptions involved inthe Filial Therapy approach (Guerney, 1969, 456-457.) are as follows:

> A relatively small amount of affection, attention, interest, etc., from the parent directly, can be expected to be more therapeutic to the child than a large amount from a therapist or parent surrogate:
>
> 1. Assuming some success in the parent's learning of the permissive and understanding role, anxiety should be more easily extinguished in the presence of the precise stimulus (parent) under which it was originally induced than in the presence of a stimulus which only resembles it (therapist);the child should therefore proceed to lift repression and work through conflicts more quickly;
>
> 2. When discriminations are established by the child to the effect that the parent himself differs in behavior according to circumstances, overgeneralizations can be corrected at the source: moreover, the the whole image of the parent can be reformulated in a much more positive way, allowing the child to make positive rather than negative generalizations toward other people.

Initially, Filial Therapy was thought so radical (Guerney, 1964) that it was felt important to confine the child clients to those for whom play therapy was felt to be most appropriate -- those with primary adjustment problems, and children with the slightest hint of organic involvement were excluded. However,as Louise Guerney (1979) noted in a recent paper, children with minimal brain dysfunction and their paernts have gradually been successfully included until they are now 25 to 35 percent of their clients. Guerney urges as a result of their work that play therapy be provided for the developmentally disabled child and Filial Therapy for the parent. Stollak (1979) substitutes Guerneys' (1969) weekly scheduled playing hour with the child in the home with training of both the father and mother alternating weekly one-half hour sessions with the child. Because of the demonstrated value of this approach, a more detailed description by Stollak of how Filial Therapy proceeds in his approach follows:

"If after a comprehensive assessment of a clinic-refered child, between the ages of 3 to 10, it is decided that this approach might produce benefits to the child and his/her family, the procedure is explained to the whole family, including the mother, the father and the child involved. This discussion includes the point that we are"teachers" (and the parents "students") who attempt to help families learn how to be together in more enjoyable ways and we would like to help this family learn to be happier together. This kind of introduction usually makes great sense to young children. We then further explain that our goal over the next weeks and months is to directly help the parents learn to share time with the child in a way that we believe will be more enjoyable and more personally satisfying to everyone involved.

We will videotape the play session and we will meet separately with the parents after the play encounter to provide them with supervision. The child will be playing with someone else during this time. To foster such learning we have especially found useful the "bug in the ear" (Farrell Instruments, Grand Island, Nebraska). This device consists of a hearing aid placed in the ear of the parent while he or she is in the playroom and a microphone through which the clinician can communicate directly to the parent from behind a one-way mirror. It greatly facilitates the learning by allowing the clinician to make soothing reassuring and reflective comments to the parent who might be having some difficulty during the play encounter. (p.4)"

Family Theraplay

Family Theraplay (Jernberg, 1979) provides another example of a highly structured short-term play approach developed for treating many kinds of troubled children. It has also been successfully adapted to training parents and families as well as other adults and paraprofessionals,to relate more effectively with their children and with each other.

The typical family theraplay procedures for enlisting parents as part of the "Theraplay Treatment Team" as outlined by Jernberg (1979, Chapter 5) includes an eight session Family Therapy core (after an Initial Intake Evaluation Procedure) in which the Parent(s) sit in an observation room for the first four of the eight sessions with an "Interpreting Therapist" who watches her/his child playing with the "Theraplay Therapist". The "Interpreting Therapist" processes these sessions with the parent(s) and instructs and monitors parental ways of meaningfully continuing the Theraplay Treatment observed in the Clinic setting at home.

In the final four sessions of the Family Theraplay treatment, the parents and "Interpreting Therapist" spend the first fifteen minutes observing and processing

the Theraplay session with the Therplay Therapist and their child. They then join the Theraplay Therapist and their child for the last fifteen minutes of the session. These sessions are carefully structured to help the parent confront and deal with the particular conflicts they have been encountering with their children as they were revealed in the initial intake sessions. Checkup visits which replicate these later parent involved sessions are scheduled quarterly for the first year and annually thereafter until jointly terminated.

Occassionally, as Jernberg (1979, Ch. 11) notes it is necessary to go further in efforts to assist parents to play and hence, relate more effectively with their children. In these instances, they recommend Individual Theraplay for the more developmentally deprived (disturbed) parent (pp. 408 416) and Parent Group Theraplay (pp. 416-418) for the others. In these latter sessions four or five couples convene weekly with one or two Theraplay therapists in which they play enact and process their most vexing child rearing problems, etc.

Additional Approaches

Variations in Training parents as play agents include in addition to Filial Therapy and Family Theraplay:

-- Conjoint Play Therapy, (Safer, 1965) which includes family members (Safer, 1975) or the mother (Davidson, 1971) in the play session with the therapist in which family members are encouraged to reflect upon and model the clinician's behavior;

-- Video Instruction in which the clinician watches and discusses with the parent a videotape of a play session with either the therapist, parent(s) or both (Jernberg, 1979; Stollak, 1979);

-- Paraprofessional play training to others engaged in play with young children such as nursery and elementary school teachers, high school and college students studying child development and foster parents.

Additionally, Levant (1978, 1979) and his associates at Boston University, for example, are involved in the training of foster parents. The need for adequate foster care and the demands of such parenting are obvious; the need for systematic training and support for such parents has only more recently become as apparent.

Reference has also been made in previous articles (Nickerson, 1973, 1980) of the significance of the development of training older youth to be play agents for younger ones. Particularly pertinent here is the evidence provided by Whalen and Henker (1969) that even institutionalized mentally retarded adolescents may be successfully trained to be effective play agents for younger retarded children, simultaneously improving their own adjustment and level of social skills, and replicating more substantially the sibling network and support system so much needed in institutional settings.

Relationship of Training Parents as Play Agents/Therapists and Marriage/Parent Counseling

Guerney (1964), in comparing Filial to Family Therapy, notes: "To a greater extent than in any other forms of therapy, with the possible exception of Family Group Therapy, this technique offers the parents an opportunity to learn attitudes and interpersonal techniques which can serve them in consolidating their gains after formal therapy has ended. Further, it may extend their ability to help all their children fulfill their potential as persons maximally rather than simply improve negative aspects of their personalities." (p. 457) And Jernberg (1979) notes that "the parents should be enlisted as part of the Theraplay Team because their unique relationship with the child can produce benefits no other relationship can match (p.138)"

Stollak (1979) notes: "In their play encounters with the child not only are the parents learning ways of being with the child that are indicative of sensitivity, empathy and caring but also we help them confront the fact that the ways they act toward the child in the playroom are reflective and indicative of their own conflicts as persons and as spouses." (p. 13) Thus, Stollak observes that his "trained fathers" not only become better fathers, but supportive and caring husbands as well.

And in reviewing outcome research for these various programs (e.g., Guerneys' Filial Therapy, Gordons, Parent Effectiveness Training and Jernbergs' Theraplay) finds that such training has beneficial effects on both disturbed children and dys-

functional familial relationships (levant, 1978; Nickerson, 1980).

Summary and Overview

One of the most promising of the more contemporary approaches to working therapeutically with children and their parents and families is to employ the parents and/or other family members as play-agents, or play therapists. These more recent approaches to working with children have realized that the incorporation of parents and other family or family-surrogate figures into the play therapeutic treatment of children has therapeutic benefits for all parties to the transaction, and that problem children are, as family therapists insist, symptomatic of parental and family-wide problems in interpersonal functioning. Stollak(1979), for example, finds that training fathers to play therapeutically with their sons aids them to become more caring, nurturing and effective fathers and husbands. The general assumptions underlying these therapeutic endeavors, as we have seen, is that the child best prospers personally and behaviorally when the larger family institutional system is psychologically healthy and that child treatment is not nearly effective as treatment of significant caretaker dyadic and family-wide relationships. Training parents to play therapeutically with their children holds considerable promise of benefits for the entire family system.

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